

---

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

---

In re application of: Barry Allan FISHER et al.

Attorney Docket No.: IDTXP044

Application No.: 09/698,624

Examiner: Sathyanarava V. PERUNGAVOOR

Filing Date: October 27, 2000

Group: 2624

Title: PORTABLE APPARATUS FOR  
IDENTIFICATION VERIFICATION

Conf. No.: 4935

---

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 28, 2011.

Signed: /Todd V. Leone/  
Todd V. Leone

**PETITION UNDER 37 C.F.R. § 1.182  
TO CHANGE THE ORDER OF INVENTOR NAMES**

Mail Stop PETITION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby petition under 37 C.F.R. § 1.182 to change the order of the names of the inventors prior to payment of the issue fee as they appear on the following list:

1. Anthony Ray MISLIN
2. William Richard CAYO
3. David Eugene STOLTZMANN
4. Barry Allan FISHER
5. Jack Leon HENDRICKSON
6. Neal Joseph GIESELMAN
7. Michael Raymond GUZIK
8. Curtis Lee KRUSE
9. John J. JANCSEK

In accordance with MPEP § 605.04, Applicants have prepared a supplemental Application Data Sheet showing the change in the order of the inventor names, a copy of which is attached hereto as Exhibit A. Applicants are filing said supplemental Application Data Sheet concurrently herewith via EFS-Web.

The Commissioner is hereby authorized to charge the \$400 Petition Fee under 37 C.F.R. § 1.17(f) and any other fees that may be due, or to credit any overpayment, to Deposit Account 504480 (Order No. IDTX044).

Respectfully submitted,

WEAVER AUSTIN VILLENEUVE & SAMPSON LLP

/Stephen C. Glade/  
Stephen C. Glade  
Registration No. 57,601

P.O. Box 70250  
Oakland, California 94612-0250  
(510) 663-1100

## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **Application Information**

Application number::	09/698,624
Filing Date::	October 27, 2000
Application Type::	Nonprovisional
Subject Matter::	Utility
CD-ROM or CD-R::	No
Title::	PORTABLE APPARATUS FOR IDENTIFICATION VERIFICATION
Attorney Docket Number::	<u>IDTX044 8964.72US4</u>
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	5
Small Entity::	No
Petition Included::	No
Secrecy Order in Parent Appl.?:	No

### **Applicant Information**

Applicant Authority Type::	<u>Inventor</u>
Primary Citizenship Country::	<u>US</u>
Status::	<u>Full Capacity</u>
Given Name::	<u>Anthony</u>
Middle Name::	<u>Ray</u>
Family Name::	<u>MISSLIN</u>
Name Suffix::	
City of Residence::	<u>Chanhassen</u>
State or Province of Residence::	<u>MN</u>
Country of Residence::	<u>US</u>

Street of Mailing Address:: 8231 West Lake Court  
City of Mailing Address:: Chanhassen  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55317

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: Richard  
Family Name:: CAYO

Name Suffix::  
City of Residence:: Prior Lake  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 4887 Bianca Circle  
City of Mailing Address:: Prior Lake  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55372

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: Eugene  
Family Name:: STOLTZMANN  
Name Suffix::  
City of Residence:: Bayport

State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 368 North 9th Street  
City of Mailing Address:: Bayport  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55003

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Barry  
Middle Name:: Allan  
Family Name:: FISHER  
Name Suffix::  
City of Residence:: Maple Grove  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 13961 92nd Place North  
City of Mailing Address:: Maple Grove  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55369

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jack  
Middle Name:: Leon  
Family Name:: HENDRICKSON

**Name Suffix::**  
**City of Residence::** Carver  
**State or Province of Residence::** MN  
**Country of Residence::** US  
**Street of Mailing Address::** 16985 County Road 40  
**City of Mailing Address::** Carver  
**State or Province of Mailing Address::** MN  
**Country of Mailing Address::** US  
**Postal Code of Mailing Address::** 55315

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Neal  
**Middle Name::** Joseph  
**Family Name::** GIESELMAN  
**Name Suffix::**  
**City of Residence::** Eagan  
**State or Province of Residence::** MN  
**Country of Residence::** US  
**Street of Mailing Address::** 1767 Gabbro Trail  
**City of Mailing Address::** Eagan  
**State or Province of Mailing Address::** MN  
**Country of Mailing Address::** US  
**Postal Code of Mailing Address::** 55122

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Anthony

Middle Name:: Ray  
Family Name:: MISSLIN  
Name Suffix::  
City of Residence:: Chanhassen  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 8231 West Lake Court  
City of Mailing Address:: Chanhassen  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55347

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: Raymond  
Family Name:: GUZIK  
Name Suffix::  
City of Residence:: Fridley  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1485 66th Avenue Northeast  
City of Mailing Address:: Fridley  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55432

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: Curtis  
Middle Name:: Lee  
Family Name:: KRUSE  
Name Suffix::  
City of Residence:: Eagan  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1113 Parkview Lane  
City of Mailing Address:: Eagan  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55123

Applicant Authority Type:: ~~Inventor~~  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: Richard  
Family Name:: CAYO  
Name Suffix::  
City of Residence:: ~~Prior Lake~~  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 4887 Bianca Circle  
City of Mailing Address:: Prior Lake  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55372



Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: Eugene  
Family Name:: STOLTZMANN  
Name Suffix::  
City of Residence:: Bayport  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 368 North 9th Street  
City of Mailing Address:: Bayport  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55003

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: J.  
Family Name:: JANCSEK  
Name Suffix::  
City of Residence:: Blaine  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 11849 Madison Street  
City of Mailing Address:: Blaine  
State or Province of Mailing Address:: MN  
Country of Mailing Address:: US

Postal Code of Mailing Address:: 55434

### **Correspondence Information**

Correspondence Customer Number:: 22434 23552

### **Representative Information**

Representative Customer Number:: 22434 23552

### **Domestic Priority Information**

Application:::	Continuity Type::	Parent Application:::	Parent Filing Date:::
<b>This application</b>	<b>Claims benefit under 35 USC 119(e)</b>	<b>60/162,592</b>	<b>1999/10/29</b>